

Health, Welfare, Public Service

300 7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 5354 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sheridan Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Fair Grove</u>		0308 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mile So. Olive life</u>			Length of stay in lb <u>1</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D</u>		
3. NAME OF DECEASED (Type or print) First <u>E.</u> Middle <u>G.</u> Last <u>POTTER</u>			4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 1, 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and state or country) <u>Dallas County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Potter</u>			14. MOTHER'S MAIDEN NAME <u>Francis Glover</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Jewell Cannefax Fair Grove</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic heart disease</u>			Unknown	
		DUE TO (c) <u>hypertension and decompensation</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Herpes Zoster</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>—</u> a. m. <u>—</u> p. m. <u>—</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1953</u> to <u>death</u> and last saw <u>him</u> alive on <u>May 5, 1957</u> Death occurred at <u>7 o'clock p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Evelyn Griffin, M.D.</u>			22b. ADDRESS <u>Buffalo, Mo.</u>		22c. DATE SIGNED <u>3-18-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Fair Grove, Mo.</u>		
24. FUNERAL DIRECTOR <u>Jones of Buffalo, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3/20/57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Grace Petree</u>		

Licensed Embalmer's Statement on Reverse Side)

by

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gene G. Hunt*

Licensed Embalmer No. *47*

P. O. Address *Buffalo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.